

DSHS-ADSA COMPLAINT HOTLINE SCRIPT

All callers hear this message when they call 1-800-562-6078

You have reached the Residential Care Services complaint line. If you are calling to make a report about a Washington state licensed long-term care facility or a certified supported living provider, you have come to the right place. If this is a life-threatening emergency, please hang up now and dial 911.

Please leave a message as it is the fastest way for us to respond to your concerns. Your report will remain confidential and you will have the option of remaining anonymous. If you prefer to mail or fax us, call 1-800-422-3263 for further information. To begin, please choose from the following two options:

Press 1 if you are a member of the public with a concern about resident abuse, neglect, rights or exploitation. **Also press 1** if are a mandated reporter who is neither an employee of a facility nor a certified supported living provider.

Press 2 if you are calling to make an official facility report. Also press 2 if you are a current facility employee or a certified supported living provider.

To repeat this message, press 9.

Callers who press 1 hear this message:

Thank you for calling; please make every effort to include the following:

State your concern, when it first happened and if it continues to be a problem. State the name of the person you are concerned about, date of birth if known, and name and address of the facility where they live. If you suspect a specific individual is involved, state their name and how they relate to the person you are concerned about.

To ensure our staff can reach you, please leave your telephone number including the area code and the best time to reach you between 8 AM and 4:30 PM Monday through Friday. Staff check for new messages every two hours and calls are processed as quickly as possible.

To repeat this message, press star (*)

Callers who press 2 hear this list:

If you know the number for the type of incident you are calling to report you may press that number now or select from the following list:

- To report a resident-to-resident incident **press 2 now**.
- To report a staff-to-resident incident **press 3 now**.
- To report an injury of unknown source **press 4 now**.
- To report a resident fall **press 5 now**.
- To report an exploitation or misappropriation incident **press 6 now**.
- To report any other type of resident related incident including but not limited to: outbreaks, fires or weather related issues concerning residents **press 7 now**.
- To report a medication error incident **press 8 now**.
- To repeat this menu **press 9 now**.

Report a resident-to-resident incident:

- Listen carefully to the questions, wait for the tone and speak slowly and clearly and then press 1. If you cannot answer a question, after the tone say “next”, then press 1 to forward to the next question.
- State & spell your first and last name and give your job title.
- State the facility name, type of facility, address and phone number.
- State and spell the first and last name, including the middle initial of each resident involved including their gender and date of birth. State the ADSA identification number if known.
- State the primary diagnosis for each resident involved.
- Describe the level of independence or impairment in decision-making and cognition for each resident involved.
- Describe the level of staff assistance required for ambulation with each resident involved.
- Describe the level of staff assistance required for each resident involved to transfer within the facility.
- State the date and time when the incident occurred.
- State the date and time when the incident or allegation was first reported to supervisors.
- Were the doctors, responsible parties and all appropriate agencies notified? If yes, indicate who and when.
- Was the incident sexual in nature?
- Describe the circumstances of the incident and where the incident occurred.
- Was the incident isolated or a pattern of behavior?
- Who witnessed the incident?
- Was the care plan followed when the incident occurred?
- Describe any injuries sustained by the resident. If the incident resulted in an injury include the size, shape, color and location on the body.
- What treatment was required? Will additional care be needed? If so, describe it.
- What measures were taken to ensure staff and responsible parties were notified of the changes to the care plan?
- Describe the care plan changes made as a result of this incident.
- State any other pertinent information not previously stated.

Report a staff-to-resident incident:

- Listen carefully to the questions, wait for the tone and speak slowly and clearly and then press 1. If you cannot answer a question, after the tone say “next”, then press 1 to forward to the next question.
- State & spell your first and last name and give your job title.
- State the facility name, type of facility, address and phone number.
- State and spell the first and last name, including the middle initial for each resident involved including their gender and date of birth. State the ADSA identification number if known.
- State the primary diagnosis for each resident involved.
- Describe the level of independence or impairment in decision-making and cognition for each resident involved.
- Describe the level of staff assistance required for ambulation with each resident involved.
- Describe the level of staff assistance required for each resident involved to transfer within the facility.
- State the date and time when the incident occurred.
- State the date and time when the incident or allegation was first reported to supervisors.
- Were the doctors, responsible parties and all appropriate agencies notified? If yes indicate who and when.
- Was the incident or allegation sexual in nature?
- Describe the incident or allegation.
- Who witnessed the incident?
- Describe any injuries sustained by the resident. If the incident resulted in an injury include the size, shape, color and location on the body.
- What treatment was required? Will additional care be needed? If so, describe it.
- Was there evidence of psychological harm? If so, describe it.
- Describe measures taken to protect the resident during the investigation and to prevent recurrences.
- State and spell the first and last name including the middle initial of each employee involved, and give their job title and license.
- State each employee’s date of birth, date of hire and social security number.
- Does the employee have previous warnings or incidents at your facility concerning conduct with residents? If so, describe.

- What action was taken with the employee? If suspended or terminated, include the date.
- State any other pertinent information not previously stated.

Report an injury of unknown source:

- Listen carefully to the questions, wait for the tone and speak slowly and clearly and then press 1. If you cannot answer a question, after the tone say “next”, then press 1 to forward to the next question.
- State & spell your first and last name and give your job title.
- State the facility name, type of facility, address and phone number.
- State and spell the first and last name, including the middle initial of each resident involved, including their gender and date of birth. State the ADSA identification number if known.
- State the primary diagnosis for each resident involved.
- Describe the level of independence or impairment in decision-making and cognition for each resident involved.
- Describe the level of staff assistance required for ambulation with each resident involved.
- Describe the level of staff assistance required for each resident involved to transfer within the facility.
- State the date and time when the injury was sustained or discovered.
- State the date and time when the incident or allegation was first reported to supervisors.
- Were the doctors, responsible parties and all appropriate agencies notified? If Yes, indicated who and when.
- Was the incident sexual in nature?
- Describe any injuries sustained by the resident. If the incident resulted in an injury include the size, shape, color and location on the body. Has the resident had similar injuries in the past three months?
- What treatment was required? Will additional care be needed? If so, describe it.
- Describe the care plan changes made as a result of this incident.
- State any other pertinent information not previously stated.

Report a resident fall:

- Listen carefully to the questions, wait for the tone and speak slowly and clearly and then press 1. If you cannot answer a question, after the tone say “next”, then press 1 to forward to the next question.
- State & spell your first and last name and give your job title.
- State the facility name, type of facility, address and phone number.
- State and spell the first and last name, including the middle initial of each resident involved including their gender and date of birth. State the ADSA identification number if known.
- State the primary diagnosis for each resident involved.
- Describe the level of independence or impairment in decision-making and cognition for each resident involved.
- Describe the level of staff assistance required for ambulation with each resident involved.
- Describe the level of staff assistance required for each resident involved to transfer within the facility.
- State the date and time the fall occurred.
- State the date and time when the incident or allegation was first reported to supervisors.
- Were the doctors, responsible parties and all appropriate agencies notified? If so, indicate who and when.
- Describe the fall and if it was witnessed, indicate who observed it.
- Was the care plan followed when the incident occurred? What fall preventions were in place at the time of the incident?
- Describe any injuries sustained by the resident. If the incident resulted in an injury include the size, shape, color and location on the body. Had the resident had other falls within the past three months?
- What treatment was required? Will additional care be needed? If so, describe it.
- If staff was involved, state their name and explain the circumstances.
- What measures were taken to ensure staff and responsible parties were notified of the changes to the care plan?
- Describe the care plan changes made as a result of this incident including any additional fall prevention measures.
- State any other pertinent information, not previously stated.

Report exploitation or misappropriation of resident property:

- Listen carefully to the questions, wait for the tone and speak slowly and clearly and then press 1. If you cannot answer a question, after the tone say “next”, then press 1 to forward to the next question.
- State & spell your first and last name and give your job title.
- State the facility name, type of facility, address and phone number.
- State and spell the first and last name, including the middle initial of each resident involved including their gender and date of birth. State the ADSA identification number if known.
- State the primary diagnosis for each resident involved.
- Describe the level of independence or impairment in decision-making and cognition for each resident involved.
- If known, state the time and date the incident first took place or was first suspected.
- State the date and time when the incident or allegation was first reported to supervisors.
- Were the doctors, responsible parties and all appropriate agencies notified? If yes indicate who and when.
- Describe the alleged exploitation or misappropriation of property including the dollar amount and indicate if the problem is ongoing, where occurred, and if resident had a lock box or other means to safeguard valuables.
- Is there an alleged perpetrator? If so state the person’s name, job title or the relationship to the resident. If a name is **not** known, did the resident describe the perpetrator?
- If the alleged perpetrator is an employee, what is the employee’s date of birth, date of hire and social security number?
- Does the employee have previous warnings or incidents at your facility concerning conduct with residents? If yes, describe.
- What action was taken with the employee? If suspended or terminated, include the date.
- What action has been taken to prevent recurrences?
- Will the resident be reimbursed? If not, why?
- State additional agencies notified such as: Law enforcement, Fire Department, Medical Examiner, Adult Protective Services. State case number if known and agency name.
- State any other pertinent information, not previously stated.

Report any other type of resident-related incident:

- Listen carefully to the questions, wait for the tone and speak slowly and clearly and then press 1. If you cannot answer a question, after the tone say “next”, then press 1 to forward to the next question.
- State and spell your first and last name and give your job title.
- State the facility name, type of facility, address and phone number.
- State and spell the first and last name, including the middle initial of each resident involved including their gender and date of birth. State the ADSA identification number if known.
- State the primary diagnosis for each resident involved.
- Describe the level of independence or impairment in decision-making and cognition for each resident involved.
- Describe the level of staff assistance required for ambulation with each resident involved.
- Describe the level of staff assistance required for each resident involved to transfer within the facility.
- State the date and time when the incident occurred.
- State the date and time when the incident or allegation was first reported to supervisors.
- Were the doctors, responsible parties and all appropriate agencies notified? If yes indicated who and when.
- Was the incident sexual in nature?
- Describe the circumstances of the incident and where the incident occurred. If an elopement, are they their own responsible party?
- Who witnessed the incident?
- Describe any injuries sustained by the resident. If the incident resulted in an injury include the size, shape, color and location on the body.
- What treatment was required? Will additional care be needed? If so, describe it.
- Was there evidence of psychological harm? If so describe it.

- Is there an alleged perpetrator? If so state the person's name, job title or the relationship to the resident. If a name is **not** known, did the resident describe the perpetrator?
- If the alleged perpetrator is an employee, what is the employee's date of birth, date of hire and social security number?
- Does the employee have previous warnings or incidents at your facility concerning conduct with residents?
- What action was taken with the employee? If suspended or terminated, include the date.
- What action has been taken to prevent recurrences?
- State additional agencies notified such as: Law enforcement, Fire Department, Medical Examiner, Adult Protective Services. State case number if known and agency name.
- State any other pertinent information not previously stated.

Report a medication error incident:

- Listen carefully to the questions, wait for the tone and speak slowly and clearly and then press 1. If you cannot answer a question, after the tone say "next", then press 1 to forward to the next question.
- State & spell your first and last name and your job title.
- State the facility name, type of facility, address and phone number.
- State and spell the first and last name, including the middle initial of each resident involved including their gender, date of birth. State the ADSA identification number if known.
- State the primary diagnosis for each resident involved.
- Describe the level of independence or impairment in decision-making and cognition for each resident involved.
- State the date and time or the timeframe of the medication error.
- State the date and time when the incident or allegation was first reported to supervisors.
- Were the doctors, responsible parties and all appropriate agencies notified? If yes indicated who and when.
- Describe the error and when it was discovered. Include the name of the medication and dose.
- Was there a negative outcome for any of the residents as a result of the medication error? Describe.
- What treatment if any was required for the resident?
- State and spell the first and last name including the middle initial of the employees involved, and give their job title and license.
- State employees date of birth, date of hire and social security number. Does the employee have previous warnings or incidents at your facility concerning conduct with residents?
- Describe the action if any taken with the employee.
- What action has been taken to prevent recurrences?
- State any other pertinent information, not previously stated.

To return to the main menu, press the star key, or to make another report, please press 1.

Thank you.